1784	IQUIFIED GAS USER ANNUAL TAX RETURN				
PET 356	Filing Period Beginning: Ending:	Account No. Due Date	SSN or FEIN		
			Returns must be postmarked by the due date to avoid the assessment of penalty and interest. Returns must be filed even if no tax is due. Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 11 and mail to: Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242 For assistance, you may call in-state toll free 1-800-342-1003 or (615) 253-0600.		
Maintain adequate red Be sure to sign and da	Reminders ons on back before preparing this return. ecords to support return. late in the signature box below. return, please indicate "Filing Period" and ch	heck the appropriate box on the front	IF AN AMENDED RETURN CHECK HERE		

1.	Total gallons consumed in Tennessee; round to the nearest gallon (Total from Schedule A, Line 7) (1)	
2.	Tax due per mileage (Multiply Line 1 by Liquified Gas tax rate of \$)	\$
3.	Cost of decals purchased July 1 through June 9(3)	\$
4.	Cost of decals purchased for period June 10 through June 30(4)	\$
5.	Total cost of decals purchased during filing period (Add lines 3 and 4)(5)	\$
6.	Credit Due (Complete if Line 5 is greater than Line 2 and one or more requirements in Schedule B applies). (6)	\$
7.	Tax Due (If Line 2 is greater than Line 5, enter difference)	\$
8.	Credit (Enter outstanding credit amount from previous Department of Revenue notices)(8)	\$
9.	Penalty If filed LATE, compute penalty at 5% of the tax (Line 7 minus Line 8) for each 1 to 30 DAY PERIOD or portion thereof for which TAX IS DELINQUENT (Total penalty NOT TO EXCEED 25%.) Minimum penalty is \$15 regardless of the amount of tax due or whether there is any tax due. (9)	\$
	Interest - If filed late, compute interest at % per annum on the tax (Line 7 minus Line 8) from (10)	\$
1.	Total Remittance Amount (Add lines 7, 9, and 10; subtract Line 8 if applicable)(11)	\$

11. Total Remittance Amount (Add lines 7, 9, and 10, subtrac	t Line o ii applicable)	
FOR OFFICE USE ONLY	Under penalties of perjury, I declare that I have examined this report, and to the best of my knowl and belief, it is true, correct, and complete.	edge
OSE ONE!	President or Other Principle Officer Date	-
	Signature of Preparer other than Taxpayer Date	_
	Tax Preparer's Address Phone Number	

RV-R0004401 INTERNET (4-03)

For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices: Chattanooga Johnson City Knoxville Memphis **Nashville** Jackson (901) 213-1400 (423) 634-6266 (731) 423-5747 (423) 854-5321 (865) 594-6100 (615) 253-0600 Suite 350 Room 405 B 204 High Point Drive Room 606 3150 Appling Road 3rd Floor State Office Building Lowell Thomas Building State Office Building Bartlett, TN Andrew Jackson Building 500 Deaderick Street 540 McCallie Avenue 225 Martin Luther King Blvd. 531 Henley Street Tennessee residents can also call our statewide toll free number at 1-800-342-1003. Out-of-state callers must dial (615) 253-0600. **Instructions** This is an annual return for vehicles that operate on Liquified Gas. The amount on Line 5 on the front of the return reflects the total amount of decals purchased during the filing period. The total gallons consumed in Tennessee is calculated on Schedule A and any potential credit that may be due for out-of-state miles or discontinued vehicles is calculated on Schedule B. Complete Schedule A before completing the front of the return. **SCHEDULE A** Divide the miles on each class by the MPG allowed to determine the number of gallons (attach Vehicle Schedule C). Miles Gallons 1. TN Miles - Passenger Cars 19 MPG= 2. TN Miles - Class 1 Vehicles 14 MPG= 3. TN Miles - Class 2 Vehicles 14 MPG= 4. TN Miles - Class 3 Vehicles 8 MPG= 5. TN Miles - Class 4 Vehicles 8 MPG= 6. TN Miles - Class 5 Vehicles 5 MPG= 7. Add lines 1, 2, 3, 4, 5, and 6 and enter here and on Line 1 on front of return(7) **SCHEDULE B** Complete only if Line 5 on the front is greater than Line 2 and if you discontinued use of vehicle or had out-of-state mileage during the reporting period. A discontinued vehicle is a vehicle that has been sold, destroyed, or had the carburetor system removed. Multiply the monthly prorated fee (use Schedule of Monthly Prorated Fees below) by the number of months out of service. If additional space is required, attach separate sheets. **Maximum Potential Credit Discontinued Vehicle** Date Vehicle Monthly Whole Months Vehicle Schedule of Monthly Discontinued Class Prorated Fee Out of Service Vehicle ID Credit Prorated Fees Passenger Cars \$6.00 __ ___ X ____ =\$ ____ Class 1(Includes Pick-ups) \$7.00 3. _____ X ____ = \$ ____ Class 2 \$7.00 _____ X ____=\$ ____ Class 3 \$8.50 Class 4 \$8.50 Class 5 \$9.50 **Out-Of-State Mileage Credit** Divide the miles on each class by the MPG allowed to determine the number of gallons (attach Vehicle Schedule C). ÷19 MPG = 6. Passenger Cars _____ ÷14 MPG = _____ 7. Class 1 Vehicles ÷14 MPG = _____ 8. Class 2 Vehicles _____ ÷ 8 MPG = _____ 9. Class 3 Vehicles 10. Class 4 Vehicles _____ ÷ 8 MPG = _____ 11 Class 5 Vehicles _____ ÷ 5 MPG = _____ 12. Total Gallons Used Out-Of-State - add lines 6 through 11 14. Total Credit - add lines 5 & 13(14) \$ 15. Enter the lesser of the credits on Line 1 or Line 14 and carry forward to Line 6 on the front of the return (15) \$